

# 2008 OUTSTANDING EMPLOYEE WITH A DISABILITY NOMINATION FORM

This award is given to an employee with a disability in recognition of outstanding achievements in competitive employment by overcoming a disability as well as providing inspiration for other individuals with disabilities.

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NOMINEE'S NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Address City Zip

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

THIS NOMINATION SUBMITTED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TITLE \_\_\_\_\_

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1. Explain what rehabilitation, training and experiences enabled the nominee to perform his or her current activities.
  
  
  
  
  
  
  
  
  
  
2. Describe the nominee's current employment, length of employment, and job duties.

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3. Describe any accommodation(s) necessary for the employee's work site.
4. Describe the nominee's disability. Tell how and when acquired. Explain how the nominee has shown ingenuity and perseverance in adapting to his or her disability.
5. List other accomplishments not covered under the previous questions.
6. Provide a biographical summary of the nominee.